


1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001-2002  
**LIMITED LIABILITY COMPANY REINSTATEMENT**  
UBR

 **FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 MAR -8 PM 2: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L00000015727**

1. Limited Liability Company's Name

**AUTOMATED DOCUMENT SOLUTIONS, LLC**

2. Principal Office Address

**821 GLEN ARDEN WAY**

Suite, Apt. #, etc.

3. Mailing Office Address

**821 GLEN ARDEN WAY**

Suite, Apt. #, etc.

City & State

**ALTAMONTE SPRINGS, FL**

City & State

**ALTAMONTE SPRINGS, FL**

Zip

**32701**

Country

**USA**

Zip

**32701**

Country

**USA**

4. State/Country of Formation

**FLORIDA/USA**

5. Date Organized or Qualified To Do Business in Florida

**12/01/2000**

6. FEI Number

**59-3706073**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**RYAN T. PARENT**

Street Address (P.O. Box Number is Not Acceptable)

**821 GLEN ARDEN WAY**

Suite, Apt. #, Etc.

City

**ALTAMONTE SPRINGS**

State

**FL**

Zip Code

**32701**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent



Date **2/1/02**

REGISTERED AGENT MUST SIGN

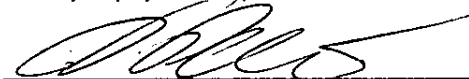
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RYAN T. PARENT	821 GLEN ARDEN WAY	ALTAMONTE SPRINGS, FL 32701
MGRM	DALE G. SALATICH	1803 PARK CENTER DRIVE SUITE 110	ORLANDO, FL 32835

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager



Date **2/1/02**

Daytime Phone# **(321) 663-5011**

Typed or printed name of signing Managing Member/Manager

**RYAN T. PARENT**

CR2E041 (9/01)

2 of 2

February 1, 2002

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Automated Document Solutions, LLC  
FEIN: 59-3706073  
Document #: L00000015727

To Whom It May Concern:

Enclosed is a Limited Liability Company Reinstatement form and a check for \$100.00 to cover the annual fee for the years 2001 and 2002. Please be advised that the Uniform Business Report was not delivered and we would request abatement of the reinstatement fee and any other associated penalties.

Sincerely,



Ryan T. Parec  
Registered Agent and Manager